



monitor
evaluate
improve

TDR Performance Assessment **Framework**

REVISION—2012–2017

Measuring for improvement

TDR Performance Assessment Framework

REVISION—2012–2017

Measuring for improvement



World Health
Organization



For research on
diseases of poverty
UNICEF • UNDP • World Bank • WHO

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Layout: Lisa Schwarb, Lausanne

Printed by the WHO Document Production Services,
Geneva, Switzerland

TDR/STRA/13.1

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Abbreviations

DEC	Disease endemic country
GSPA-PHI	Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property
JCB	Joint Coordinating Board
KPI	Key performance indicator
LIC	Low-income country
MDG	Millennium Development Goal
OECD-DAC	Development Assistance Committee of the Organization for Economic Co-operation and Development
PAF	Performance Assessment Framework
SAG	Special Advisory Group
SC	Standing Committee
SMG	Senior Management Group
SPT	Special Project Team
STAC	Scientific and Technical Advisory Committee
TDR	Special Programme for Research and Training in Tropical Diseases, co-sponsored by UNICEF, UNDP, World Bank and WHO
UNEG	United Nations Evaluation Group
WHA	World Health Assembly
WHO	World Health Organization

Foreword to the 2012–2017 revision

Between 2009 and 2012, both TDR's Performance Assessment Framework (PAF) and the related TDR Results Reports published annually have been increasingly used by TDR contributors and partners. In 2012, TDR's Joint Coordinating Board (JCB) encouraged TDR core contributors to "harmonize their reporting requirements and accept TDR's reporting through the JCB", highlighting the importance of a well-designed monitoring and evaluation (M&E) framework adapted to the Programme's new strategy.

TDR's Interim External Review in 2011 used TDR's PAF to evaluate progress and strategy implementation; the report recommended, among other things, that TDR teams make more use of the Framework in their planning process.

At JCB(35) in June 2012, when approving the new TDR strategy, the JCB made specific recommendations: "The Performance Assessment Framework needs to be updated, adjusting expected results and targets to the outcomes of the new strategy and workplan, ensuring measures for outcomes of publications, training courses and networks are included."

By utilizing the performance assessment framework and the M&E matrix over the past few years, we noted some aspects that invited improvement. These "lessons learnt" allowed us to better clarify indicators' definitions and wording, evaluate the suitability of measurement methods and replace those that were not feasible or relevant any more. This current revision takes into consideration

input received from the sources above and further feedback from stakeholders. In-depth discussions with UK DFID and the World Bank helped us to crystalize the results chain and the M&E matrix into their current form. In March 2013, the Scientific and Technical Advisory Committee STAC(35), reviewed the proposed changes to the PAF and made recommendations on specific indicators and their suitable targets.

Three key issues are specifically addressed in the 2012–2017 revision of TDR's Performance Assessment Framework:

- Improving the set of indicators and adapting them to the new strategy.
- More clearly quantifying and expressing value for money.
- Aligning the monitoring and reporting aspects at activity, team and Programme levels with the revamped management review system in TDR.

Overall, the 2012–2017 revision of TDR's Performance Assessment Framework provides the tools to measure the Programme's contribution towards translating innovation to health impact in disease endemic countries to the benefit of those burdened by infectious diseases of poverty.

About the framework

This Framework is a key element in the implementation of TDR's 2012–2017 strategy¹. It has the following objectives:

- Promote continuous performance improvement through organizational review, learning and informed decision-making.
- Enhance accountability to stakeholders, including beneficiaries, partners and resource contributors.
- Ensure strategic relevance and coherence of TDR's activities to meet the aspirations expressed in the vision, mission and strategy.
- Ensure TDR's performance assessment is harmonized and consistent with international practices.

An initial framework was developed in 2009 in consultation with TDR staff, WHO research-related programmes and regional offices and TDR's co-sponsors, as well as external advisers from research and training funding institutions, development agencies, research institutions and individual researchers from disease endemic countries (DECs), as shown in Annex 1.

The framework is a tool used by both TDR staff and a broad range of stakeholders involved in the governance and implementation of TDR's strategy. It promotes and guides the systematic assessment of TDR's strategic and technical relevance and contribution towards its vision and mission, and it clarifies how performance assessment at various levels fit together into one integrated system.

This current revision (2012–2017) of the framework provides an even clearer approach to measuring TDR's value-adding outcomes that lead to global health impact. It builds upon a streamlined TDR architecture to further emphasize TDR's guiding principles such as equity, quality, partnerships and value for money. The changes made have taken into consideration recommendations made by TDR's Joint Coordinating Board, the Interim External Review in 2011, TDR's STAC, as well as feedback from various stakeholders who have been using the framework.

Assessing performance is an ongoing process and this framework is continuously being reviewed and refined in order to address the needs of the Programme to achieve its objectives. It outlines the proposed framework in the context of the current systems in place to review TDR's performance and contains four parts:

- **Part I** describes the purpose, proposed approaches and principles of performance assessment in TDR. It defines the different levels and specific areas of assessment.
- **Part II** presents TDR's expected results and the key performance indicators identified to measure progress and reflect the Programme's performance.
- **Part III** describes the current process for monitoring and evaluating this performance.
- **Part IV** explains how monitoring and evaluation findings are utilized for organizational learning and performance improvement.

Terms adopted by TDR are listed at the end of this document². Annex 2 provides a summary of the various reporting instruments. The TDR monitoring and evaluation matrix is presented in Annex 3. For each key performance indicator it lists: (i) the specific achievement target; (ii) baseline data representing the situation at the beginning of the reference period; (iii) the source of verification; (iv) who is responsible to conduct the measurement; and (v) when the measurement needs to be made.

1. http://www.who.int/tdr/publications/strategic_plan/en/index.html

2. Definitions of monitoring and evaluation terms were proposed and/or adapted from terminologies used by TDR cosponsors and international organizations. See the 'Adopting common terminologies' section and related references.

The framework: an overview

A framework to guide systematic assessment of performance

The Performance Assessment Framework focuses its monitoring and evaluation efforts on the outcomes leading to global health impact that are most relevant to stakeholders. The framework builds upon the existing review process (recently streamlined and strengthened) and guides TDR staff and stakeholders through a more systematic way of monitoring and evaluating the Programme's performance.

Towards continuous performance improvement

While enhancing accountability, measuring the Programme's performance gives an understanding of “what works and what doesn't” and also of the underlying or contributing factors. This leads to enhanced organizational learning and informed decision-making, which in turn foster performance improvement.

Performance is assessed at activity, team and Programme levels

To ensure consistency and coherence, the various measurements are aggregated as much as possible across the Programme. The indicators have been selected based on relevance; however, feasibility and ease of measurement have also been taken into consideration.

Performance is assessed against expected results described in the TDR results chain

To guide the performance assessment, the Programme's expected results have been clearly outlined. The results chain (Fig. 4, Section 1, Part II) shows the higher level results, while a complete list of expected results (deliverables) of capacity building and research activities is being used in routine monitoring and reporting. The current results chain, highlighting the new strategy's focus and approach, reflects the Programme's logic to achieving its objectives by contributing to the broader impact of reducing the global burden of infectious diseases of poverty and improving health in vulnerable populations, including women and children.

Key performance indicators are used to reflect the main aspects of performance

At each level TDR assesses its performance in three areas: (1) achievement of technical expected results; (2) application of core values; and (3) management performance. Key performance indicators have been developed to reflect performance across the Programme (Annex 3).

PART I: WHY DO WE ASSESS PERFORMANCE AND WHICH APPROACH DO WE TAKE?

1. Performance assessment as an essential element of TDR's 2012-2017 Strategy

TDR's vision is for *“the power of research and innovation to improve the health and well-being of those burdened by infectious diseases of poverty”*.

For that purpose, TDR has set its mission to *“foster an effective global research effort on infectious diseases of poverty and promote the translation of innovation to health impact in disease endemic countries”*.

A suitable system to assess performance allows for cost-efficient and real-time measurement and monitoring of progress indicators to inform decision-making. Aligned with the new TDR strategy, the current revision of the framework further demonstrates TDR's focus on health impact and value for money throughout the whole results chain, from using resources carefully to building efficient processes, to quality of outputs, and to the sustainability of outcomes (Fig. 1).

Figure 1. TDR's strategic impact goals

IMPACT GOALS

- Foster research on infectious diseases of poverty that leads to health improvement.
- Engage disease endemic regions and countries in setting the health research agenda and harmonizing the global response.
- Strengthen the capacity of individuals and institutions in disease endemic countries to perform research related to their own priority health issues.
- Develop innovative knowledge, solutions and implementation strategies that respond to the health needs of disease endemic countries.
- Translate innovation, knowledge, solutions and implementation strategies to policy and practice that improves health.
- Promote the involvement of individuals, communities and societies in the use of research evidence to reduce the burden of endemic diseases in their countries.

2. Towards performance improvement

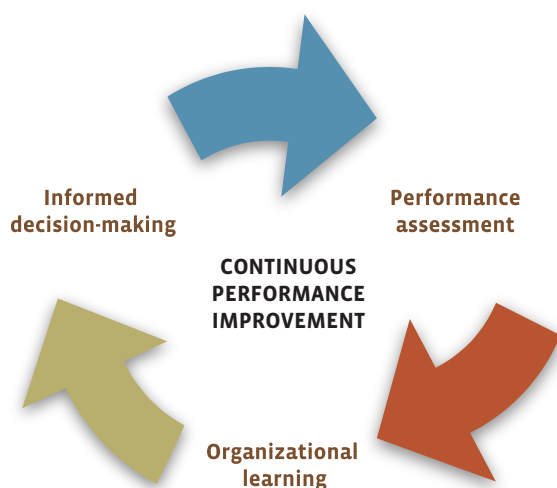
The purpose of assessing performance is to analyse the Programme's added value and to understand the factors that affect the achievement of its objectives.

TDR's performance assessment has the following objectives:

- Promote continuous performance improvement through organizational review, learning and informed decision-making (Fig. 2).

- Enhance accountability to stakeholders – beneficiaries, partners and resource contributors.
- Ensure strategic relevance and coherence of TDR activities to meet the aspirations expressed in the vision, mission and strategy document
- Ensure TDR's performance assessment is harmonized and consistent with international practices.

Figure 2. Role of performance assessment in the continuous performance improvement process



Adapted from *Handbook on planning, monitoring and evaluating for development results*. New York, United Nations Development Programme, 2009.

3. Guiding principles to enhance ownership and utilization

The performance assessment, including monitoring and evaluation activities, is guided by TDR's past experience, principles outlined in international guidelines³ and lessons learnt from other international organizations (Annex 1). Guiding principles include:

- **Inclusiveness and transparency**

Engaging TDR staff and stakeholders in the development of the monitoring and evaluation matrix, as well as in the assessment of results. Sharing monitoring and evaluation data to enhance organizational learning and utilization of the evidence.

- **Usefulness**

Promoting user performance assessment ownership at each Programme level and ensuring that the system is useful to staff and stakeholders alike. Promoting organizational learning towards

performance improvement, policy analysis, informed decision-making and enhanced strategic relevance of the Programme.

- **Harmonization within TDR and with international practices**

Seeking to harmonize monitoring and evaluation practices with those of its co-sponsors and other international stakeholders to enhance coherence, collaboration and synergy.

- **Credibility and practicability**

Applying the 'keep it simple' concept to the monitoring and evaluation system to ensure feasibility and credibility, and to facilitate the system's implementation by stakeholders.

- **Incremental approach**

Optimizing the system progressively and continuously while building on existing systems and good practices.

4. A comprehensive scope of assessment

The assessment framework has a broad and comprehensive scope when addressing the Programme's expected results, core values and management performance. These are monitored and evaluated at activity, team and Programme levels, as described below.

4.1. Assessing performance at activity, team and Programme levels

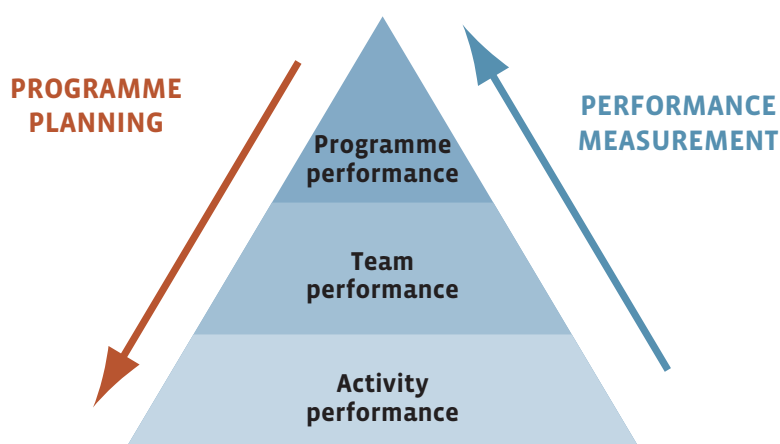
The framework provides a performance assessment structure at the following levels:

- Activity level (project management and contract management, including research grants)
- Team level (areas of work)
- Programme level.

To ensure consistency and coherence, the various measurements need to be aggregated as much as possible throughout the Programme. Monitoring and evaluation findings at the activity level are aggregated at the team level. Measurements at the team level are, in turn, aggregated at the Programme level, as shown in Fig. 3.

3. *Principles for evaluation of development assistance*. Paris, OECD Development Assistance Committee, 1991 (<http://www.oecd.org/dataoecd/31/12/2755284.pdf>, accessed on 4 January 2013); *UNEG ethical guidelines for evaluation*. New York, The United Nations Evaluation Group, 2007 (<http://www.unevaluation.org/ethicalguidelines>, accessed on 4 January 2013).

Figure 3. Aggregation of Programme performance



4.2. Assessing performance in: achieving expected results, applying TDR core values and effective management

At each level, TDR assesses performance in three specific areas:

- **Achievement of technical expected results**

Measuring the extent to which expected results: (1) remain strategically relevant and coherent within the global context; and (2) have been achieved. Achievement of expected results represents a measure for progress towards the global health impact.

- **Application of TDR's core values**

Equity

Measuring the extent to which TDR has: 1) mainstreamed equity issues, such as gender balance and other social determinants of health, in its portfolio; and 2) the extent to which disease endemic countries have an influential/critical/ leadership participation in TDR research-related activities, from research priority setting and research partnerships to strengthening policy-making.

Effective partnerships

Measuring the extent to which TDR is working through useful and productive partnerships.

Sustainability

Measuring the extent to which benefits continue after TDR guidance and support have been discontinued.

Quality

Measuring the extent to which TDR outputs (research and capacity strengthening) are recognized as being of good quality and in line with international standards.

- **Management performance**

1) Measuring the extent to which objectives have been achieved efficiently through contribution from teams and individuals; and 2) the extent to which significant risk factors have been taken into consideration and successfully addressed.

The performance assessment described in this section will be conducted through systematic monitoring, surveys, interviews, analyses, documented reporting and evaluation processes.

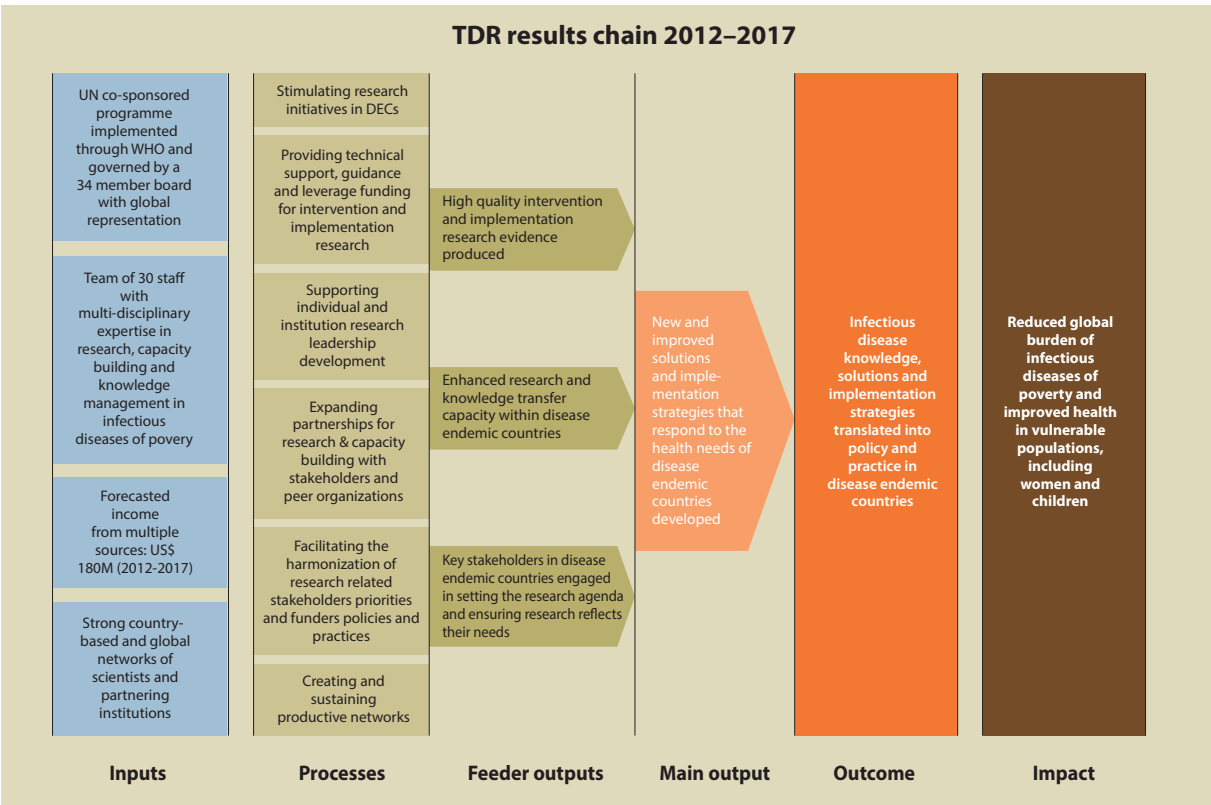
PART II: ASSESSING PERFORMANCE AGAINST EXPECTED RESULTS

1. TDR expected results guide the assessment of performance at the Programme level

To guide the performance assessment, the Programme’s expected results are clearly outlined. The results chain (Fig. 4) presents these expected results and reflects the Programme’s logic to achieving its objectives and in contributing to the broader impact on global health.

TDR’s outcomes contribute to WHO’s outcomes. They are reported to the World Health Assembly in conjunction with other WHO departments, offices and regions that share the same objectives.

Figure 4. TDR results chain



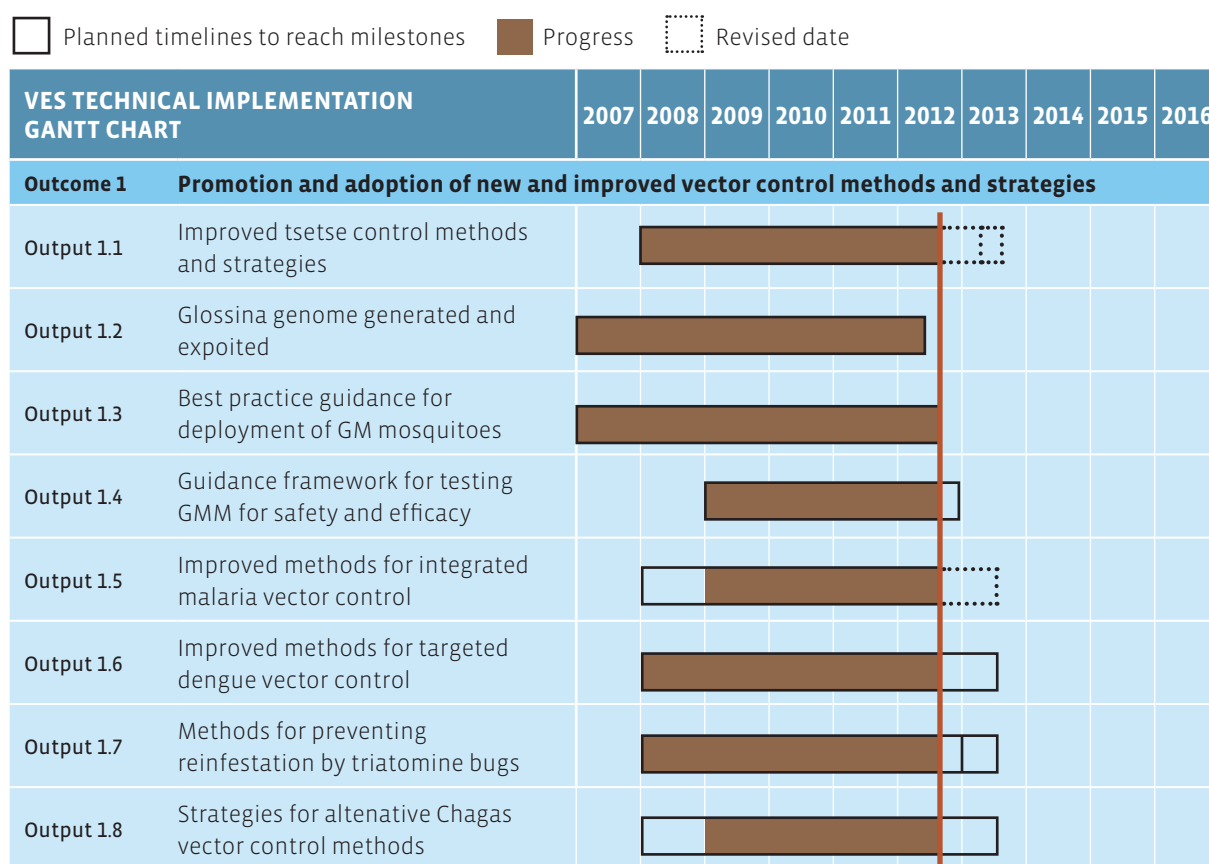
2. Expected results guide the assessment of performance at team and activity levels

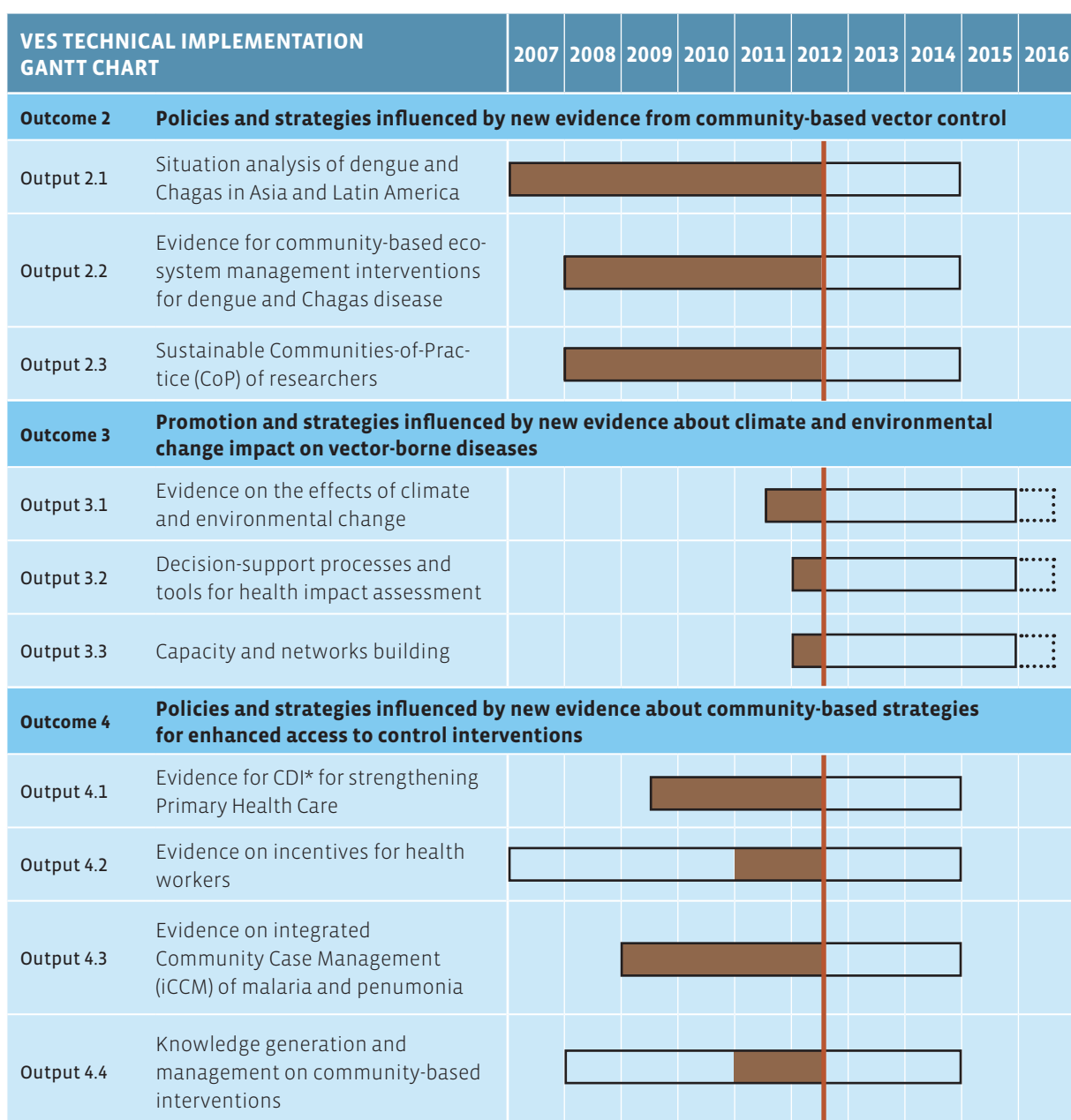
Each team's specific expected results are consistent with the overall TDR results chain and are feeding into TDR's outputs and outcomes.

Technical progress is measured in relation to financial implementation, both at activity and team levels, and against initial or revised targets (agreed with donors where applicable) for deliverables. Monitoring of milestones, addressing delays and other issues that may appear during project implementation, are part of the monitoring and reporting at team level (Fig. 5).

Financial implementation is done by comparing the amounts spent or contractually committed versus planned cost for each output and outcome (at team level). This information is available in quasi real-time to project managers and, together with information on technical implementation, helps inform decision-making, management review and reporting.

Figure 5. Progress monitoring at team level





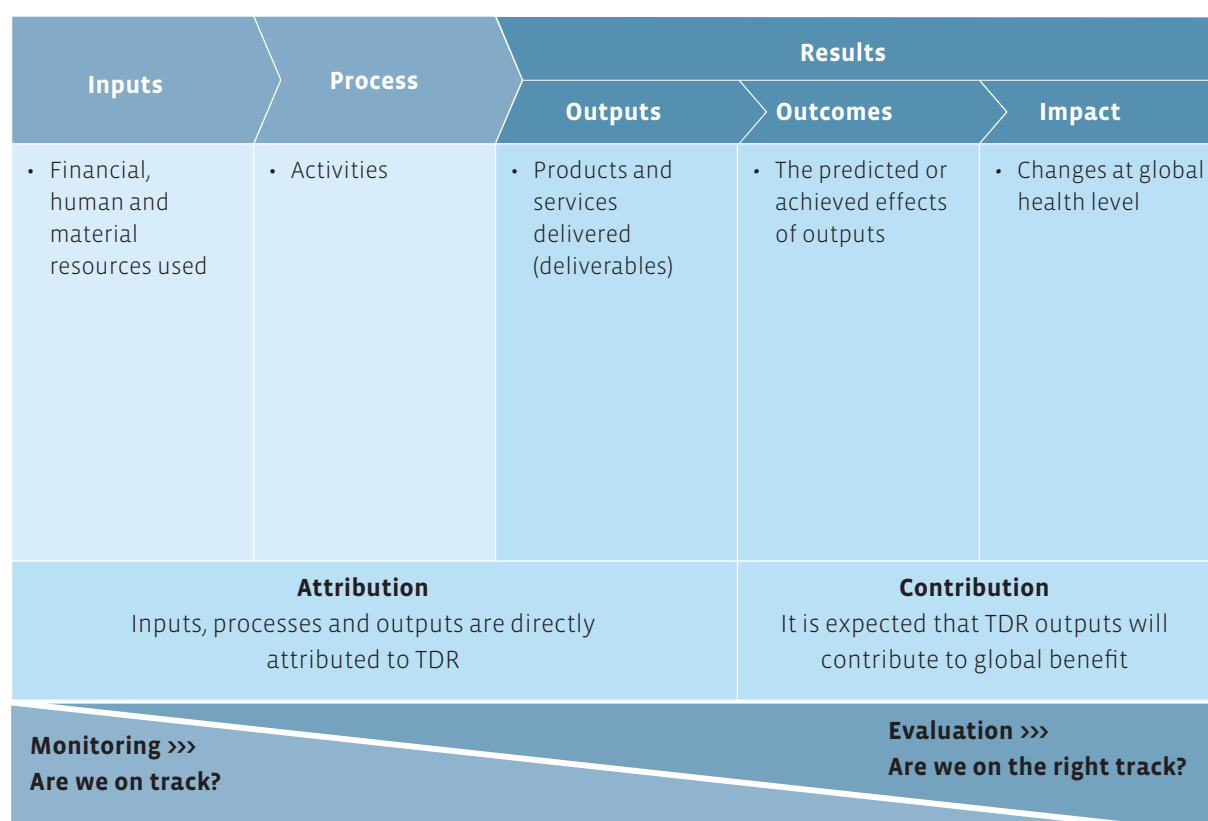
* CDI: Community-directed interventions

3. Monitoring and evaluation

Monitoring activities focus on tracking progress towards results (Fig. 6). Evaluation activities focus on assessing relevance, impact, effectiveness, efficiency and sustainability. Evaluation helps to understand the role of various underlying factors in the success or failure of activities and work areas. Although both monitoring and evaluation are ongoing processes from input to impact, monitoring is more relevant during implementation (from input to output), while evaluation is more relevant to results and expected changes (from output to impact). Periodic external evaluation will provide input so that the Programme maintains strategic relevance to global issues.

Managerial control of the process is greater during the implementation phase. Delivery of outputs can therefore be clearly attributed to the Programme. However, the Programme cannot achieve expected outcomes and impacts on its own – various stakeholders and external factors contribute to their attainment. While the TDR specific contribution to outcomes and impacts cannot always be measured, it is possible to demonstrate the link between outputs and the desired/achieved outcomes and impact.

Figure 6. Monitoring and evaluation approach



4. Defining performance indicators across the Programme

Out of a multitude of possible indicators, TDR has selected a limited number of relevant quantitative and qualitative key performance indicators to help measure progress and assess performance at the Programme level (see key performance indicators, Part II, Section 5).

Additional performance indicators, at all three levels, may be developed in order to measure performance in a comprehensive way or highlight specific aspects that require attention. Performance indicators are selected at activity and team levels and aggregated up to the Programme level.

5. TDR key performance indicators

A range of indicators has been carefully selected to measure performance across TDR, as described in Part I, Section 4.2. It is understood, however, that the use of indicators has limitations when the objective is to express different aspects of programme performance (see quote below).

"Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted."
Albert Einstein, 1879–1955

With the proposed indicators TDR is aiming to reflect performance aspects that are traditionally hard to quantify. All the proposed indicators satisfy the SMART criteria (specific, measurable, attainable, relevant, and time bound).

Table 1 presents a consolidated list of key performance indicators used across the Programme to measure and report on the three main performance areas and progress made in implementing the strategy.

TDR’s monitoring and evaluation matrix is presented in Annex 3. For each indicator, it presents:

- (i) the specific achievement target;
- (ii) baseline data representing the situation before the start of activities;
- (iii) the source of verification;
- (iv) who is responsible to conduct the measurement; and
- (iv) when the measurement will be made.

Table 1. TDR key performance indicators

Expected results	Key performance indicators
Technical expected results	
Outcome: Infectious disease knowledge, solutions and implementation strategies translated into policy and practice in disease endemic countries	1. Number and proportion of new/improved solutions, implementation strategies or innovative knowledge successfully applied in developing countries.
	2. Number of tools and reports that have been used to inform policy and/or practice of global/regional stakeholders or major funding agencies.
Main output: New and improved solutions and implementation strategies that respond to health needs of disease endemic countries developed	3. Number and proportion of new/improved solutions, implementation strategies or innovative knowledge developed in response to requests from WHO control programmes and/or disease endemic countries.
	4. Number of peer-reviewed publications supported by TDR and percentage published in open access journals.
Feeder outputs: High quality intervention and implementation research evidence produced	5. Number and evidence of new/improved tools, case-management, control or implementation strategies generated through TDR facilitation with systematic quality review by external committees.
	6. Percentage of peer-reviewed publications supported by TDR with first author from DEC institutions.
Enhanced research and knowledge transfer capacity within disease endemic countries	7. Number of DEC institutions and/or networks demonstrating expanded scope of activities and/or increased funding from alternative sources thanks to TDR support.
	8. Number of TDR grantees/trainees and proportion demonstrating career progression and/or increased scientific productivity within 3 to 5 years.
Key stakeholders in disease endemic countries engaged in setting the research agenda and ensuring research reflects their needs	9. Number and evidence of research-related agendas, recommendations and practices agreed by stakeholders at global, regional or country level.
	10. Proportion of TDR outputs produced with key DEC stakeholder active involvement (within calendar year).

Table 1. (Continuing) TDR key performance indicators

Application of core values	
Equity Socio-economic: Gender:	11. Proportion of TDR grants/contracts awarded to institutions or individuals in DEC and low income countries (total count and total dollar amount).
	12. Proportion of experts from DEC on TDR advisory committees.
	13. Proportion of women among grantees/contract recipients (total count and total amount).
	14. Proportion of women on TDR advisory committees.
	15. Proportion of women as first author of peer-reviewed publications supported by TDR (within a calendar year).
Effective partnerships	16. Resources leveraged as direct contributions (co-funding, services or in-kind) to TDR projects (examples).
Sustainability of outcomes	17. Number of effective public health tools and strategies developed which have been in use for at least two years.
Quality of work	18. Proportion of project final reports found satisfactory by peer-review committees.
Management performance	
Effective resource mobilization	19. Percentage of approved biennial budget successfully funded.
	20. Percentage of income received from multi-year agreements.
Effective management	21. Percentage of staff workplans and performance reviews (including personal development plan) completed on time.
	22. Proportion of expected results on track.
	23. Proportion of significant risk management action plans that are on track.

PART III: HOW DO WE MONITOR AND EVALUATE TDR PERFORMANCE?

Both the TDR secretariat and stakeholders (such as grant and contract managers, advisory committees, partners and governing bodies) carry out regular performance assessments. The frequency of these reviews varies from monthly to yearly. Independent external evaluations of TDR as a Programme are done once every five to seven years.

1. Engagement of TDR and stakeholders

1.1. Team and activity levels

Monitoring at team and activity levels

Team leaders and project managers have developed indicators which contain a specific achievement target and timeline for measurement. These elements are reviewed internally at the quarterly management review meetings and externally by expert advisory committees and TDR's governing bodies. Performance monitoring activities are conducted according to the respective team's schedule, as shown in Fig. 5.

Evaluation by Special Advisory Groups (SAGs)

Ad hoc, time-limited independent SAGs assist TDR in the technical review of activities by focusing on specific areas or projects requiring additional or specialized input. The need and the specific issues taken on by the SAGs are proposed by TDR staff and endorsed by STAC and may include: advice on strategic direction, priority setting, screening and selection of projects, recommendations for funding, follow-up of progress and evaluation of results.

SAGs are proposed by the TDR Director to STAC, which appoints a chair from amongst its members with the most relevant scientific and technical expertise.

Ad hoc contracted evaluation studies

Evaluation studies to address specific issues or questions related to work areas or activities are

conducted as required. These may be requested by TDR managers or by advisory committees or, in special circumstances, by TDR's governing bodies.

1.2. Programme level

Internal evaluation at quarterly management review meetings

At the quarterly management review meetings, team leaders present highlights of the progress made both on the technical side (project milestones) and on the financial side of projects and activities (funds spent and obligated versus planned costs). Any issues encountered, as well as risk mitigation measures, are discussed in the quarterly management reviews. The quarterly reviews provide an opportunity for sharing experience and organizational learning.

Governing bodies oversight

Joint Coordinating Board – Due to its nature as a United Nations co-sponsored research and training programme, TDR benefits from a special governance structure. The Programme is governed by the Joint Coordinating Board (JCB), consisting of countries elected by the six WHO regional committees; resource contributor countries or constituencies; other cooperating parties and the four co-sponsoring agencies. The JCB reviews the expected results, performance and relevance of the Programme annually and approves the Programme's budget for each biennium. This Performance Assessment

Framework and the corresponding TDR Results Report are used as tools to guide the JCB's review.

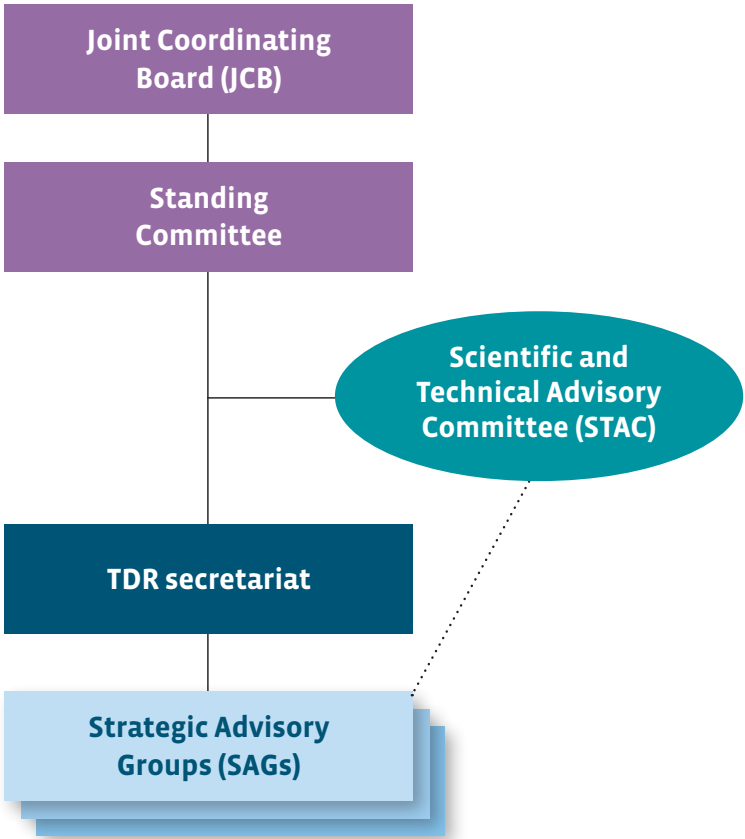
Scientific and Technical Advisory Committee – The JCB and TDR Director are supported by a Scientific and Technical Advisory Committee (STAC) comprised of globally recognized experts. This committee undertakes an annual scientific and technical review of the Programme and advises on strategy directions. STAC reviews the Programme's expected results and performance as presented in the TDR Results Report and in the respective annual technical reports. The present framework guides this review.

Standing Committee – A Standing Committee consists of the four co-sponsoring agencies, namely

UNICEF, UNDP, the World Bank and WHO, the chair and vice-chair of the JCB, chair of STAC, a representative of the JCB resources contributors group and a representative of the disease endemic countries. It reviews the overall management of the Programme.

Processes – STAC reviews a draft version of the annual technical reports (by work area) and the TDR Results Report highlighting the Programme's performance and makes recommendations. The revised documents and the draft TDR Annual Report are then reviewed by the Standing Committee, with the final reports submitted for approval to the JCB. The oversight review model described in Fig. 7 provides TDR with convening power, credibility as a neutral player, and access to global expertise and knowledge from multiple disciplines and sectors.

Figure 7. TDR governance organigram



WHO's performance assessment by the World Health Assembly

TDR contributes to two of the thirteen WHO strategic objectives (SOs) highlighted in the Eleventh General Programme of Work, 2006-2015 – A Global Health Agenda: (i) SO1 – to reduce the health, social and economic burden of communicable diseases; and (ii) SO2 – to combat HIV/AIDS, tuberculosis and malaria. TDR's technical and financial progress towards achieving the specific expected results contributing to these two SOs is compiled in WHO's annual Performance Assessment Report, which is reviewed by the Executive Board and the World Health Assembly.

WHO has developed the Twelfth General Programme of Work, 2014-2019. As of 2014, TDR will contribute mainly to Category 1 (Communicable Diseases), with strong linkages to the other four categories (work on maternal and child health, outbreaks, health systems, etc.).

WHO internal audits

TDR's operational, administrative and financial procedures and practices are subject to audit by WHO's internal auditors, who perform ad hoc audits following the schedule and procedures established for WHO as a whole.

1.3. Roles and responsibilities

TDR Director provides leadership in promoting performance assessment and supporting its use in the management cycle. The Director has overall responsibility for the Programme's performance.

The Senior Management Group (SMG) and team leaders are engaged in the implementation and review of the Performance Assessment Framework. The SMG has a critical role in promoting and leading continuous performance improvement at all levels of the Programme, utilizing the monitoring and evaluation data and contributing to organizational learning.

The Portfolio and Programme Management (PPM)

unit is responsible for facilitating the performance assessment process in consultation with the Director's office, TDR staff and stakeholders, including donors and partners. It fosters the utilization of monitoring and evaluation findings for continuous improvement through portfolio analysis, and for providing the basis for policy advice and decision-making. PPM facilitates organizational learning, information management and risk management in close collaboration with other relevant units.

Team leaders and project managers are responsible for coordinating technical activities. They lead the development and implementation of expected results and related activity indicators in consultation with PPM, advisory committees and major stakeholders within and outside of WHO. Team leaders and project managers are also responsible for integrating systematic performance assessment and risk management within the activities of the teams.

Stakeholders have been extensively engaged in the development, implementation and revision of the Performance Assessment Framework. Resource contributors provided input into the design of the M&E matrix and helped define and revise TDR's results chain. Study investigators, consultants and institutions are under contract to manage activities, monitor their progress and evaluate results prior to independent review. Partners assist TDR in identifying collective outcomes and impact, and help develop means to jointly measure such indicators. External advisers such as advisory committee members evaluate relevance, quality and achievement of the activities, teams and the Programme as a whole.

Governing bodies, including representatives from disease endemic countries, review the Programme's expected results and performance and request periodic external reviews and ad hoc independent evaluations on specific issues as needed.

2. Independent programme evaluation

2.1. External and independent review

The JCB regularly requests an independent external review of TDR, usually every five to seven years. These reviews have been a key component in guiding TDR's development. TDR's new strategy was developed following the interim external review of 2011. The Performance Assessment Framework was instrumental for the review.

2.2. External audits

TDR financial statements are certified annually by the Comptroller of WHO.

TDR's revenue, expense and fund balance figures are part of WHO financial data, which are audited annually by independent external auditors in accordance with the International Standards on Auditing. The report and statement of the audit of WHO are made available to the World Health Assembly each year.

The audit report and statement of the external auditor, as well as the TDR financial statements, are made available to JCB each year.

PART IV: HOW APPLYING THE FRAMEWORK HELPS TDR

1. Optimizing the framework as needed

Implementation of the framework is an incremental process starting at the Programme level, then integrated, step-by-step, at team and activity levels. The framework builds on systems that already exist. As the framework is being implemented at team and activity levels, it is optimized to facilitate its application and to fit the needs of the Programme.

Internal and external review systems are used to facilitate a systematic TDR monitoring and evaluation process. These indicators have been selected to reflect progress on the strategic plan 2012-2017. Consideration was given to selecting a limited number of indicators that are sensitive enough and easy to measure.

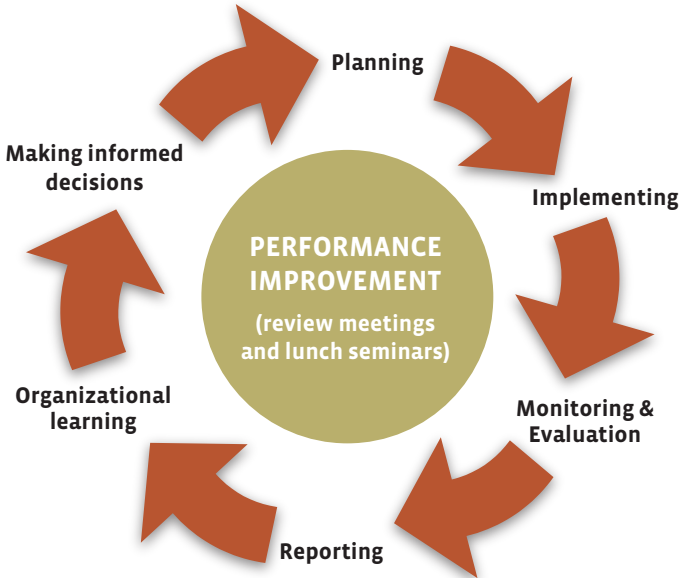
2. Utilizing monitoring and evaluation findings to learn, share and improve

Organizational learning is critical if the process of performance assessment is to lead to performance improvement.

Fig. 8 shows how a monitoring and evaluation process fits into the overall management cycle of TDR and how the related findings are utilized to learn, share and make informed decisions at individual and organizational levels.

Regular progress monitoring and performance evaluation provide a good understanding of where the Programme lies in achieving the expected results. They help clarify the factors underlying these achievements, make informed decisions and readjust the plans accordingly.

Figure 8. Use of monitoring and evaluation findings for organizational learning



Described below are various opportunities at TDR to discuss collectively the monitoring and evaluation findings.

Monthly staff meetings provide a good opportunity for updates and sharing experiences.

Bi-weekly **team leaders meetings** discuss progress made and any issues encountered that need special attention. The meetings are also opportunities to review new processes, systems and policies ahead of those being implemented at Programme level.

Lunchtime seminars are organized regularly to discuss technical issues and share lessons learned.

At the **quarterly management review meetings**, the performance of teams and units is internally

reviewed. Progress on expected results (outputs and outcomes) is assessed. The indicators presented in the framework are reviewed and milestones highlighted. The review allows for reflection and discussion on past experiences. Risk management actions are being followed up on and additional measures identified as needed.

The **governance structure** and **review processes through the advisory committees** greatly facilitate performance improvement. Recommendations are carefully analysed and addressed.

Follow-up on recommendations is coordinated at the bi-weekly team leaders and SMG meetings. Innovative processes and systems to facilitate organizational learning are being investigated.

3. Main challenges

Performance assessment and related monitoring and evaluation activities are recognized as critical elements in global health initiatives and in the development sector. They give programmes the chance to highlight their results and their contribution towards global health, to ensure strategic relevance and to identify what does and does not work. However, measuring the specific outcomes and impact of a single programme is challenging, as improvements made in global health are often synergistic among stakeholders and seldom achieved by a single programme.

The need for coherence between the various stakeholders requires harmonization of monitoring and evaluation practices. Various international groups and networks have been leading the development

of international norms, standards and guidelines. In its efforts to optimize performance assessment, TDR is seeking to harmonize with international practices and engage with stakeholders.

Engagement of TDR's management, leadership and staff in the performance assessment process has been critical for its success. Expanding the focus to outcomes and impact required a major culture change within TDR, but it is now facilitating the implementation of the new strategy 2012-2017.

Adopting common terminologies

This section provides the definition of common terms adopted by TDR. The monitoring and evaluation terms used in this document are aligned with those adopted by TDR co-sponsors and other international organizations⁴.

Accountability – Obligation towards beneficiaries, resource contributors and other stakeholders, to demonstrate that activities have been conducted in compliance with agreed rules and standards and to report fairly and accurately on the achievement of objectives vis-à-vis mandated roles and/or plans. It involves taking into account the needs, concerns, capacities and disposition of affected parties, and explaining the meaning of, and reasons for, actions and decisions.

Activity – A set of interrelated actions necessary to deliver specific outputs towards achieving the objectives. In TDR, the activity level encompasses all actions under a team, including contracting for research grants and services.

Attribution – The direct causal link between observed (or expected) changes and a specific activity.

Baseline data – Indicator data that describes the situation at the beginning of the TDR strategy implementation, against which progress can be assessed or comparisons made. Baselines may not be available when measurements are complex and expensive. In such cases the first measurement to be carried out through this framework will serve as the baseline level.

Contribution – The indirect causal link between observed (or expected) changes and a specific activity or set of activities. It is implied that the change cannot be produced by the activity or set of activities specific to the Programme alone but will be achieved through the output of the Programme combined with outputs resulting from the activities of partners and other players.

Disease endemic country (DEC) – A low-, middle-income⁵ or least developed⁶ country in which infectious diseases (whether endemic or epidemic) contribute to the overall burden of disease⁷ or mortality and/or a major public health problem.

Equity – Absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically.

Evaluation – The systematic and objective assessment of the relevance, effectiveness, efficiency, impact and sustainability of an ongoing or completed activity, a team, a policy or the Programme. Evaluation can also address specific issues and answer specific questions to guide decision-makers and managers and to provide information on the underlying factors influencing a change.

Expected results - Expected results are outputs, outcomes and/or impact that TDR intends to produce through its portfolio of activities.

Impact – Positive or negative, primary or secondary long-term change produced by an activity or a set of activities directly or indirectly, intended or unintended. It is the ultimate change in public health to which outcomes are linked or contribute.

Indicator – See performance indicator.

Input – Financial, human and material resources used for activities.

Key performance indicator – Performance indicator that is shared across the Programme and can be aggregated from the activity level to the team and from the team level to the Programme level.

Milestone – Performance indicator related to processes and used to track progress towards achievements of outputs. Milestones are key events, achievements or decisions in workplans. They map out the main steps of the workplan implementation.

Monitoring – A continuing function that aims primarily to provide managers and main stakeholders with regular feedback and early indications of progress or lack thereof in the achievement of intended results. Monitoring tracks the actual performance or situation against

what was planned or expected according to pre-determined standards. Monitoring generally involves collecting and analysing data on specified performance indicators and recommending corrective measures.

Neglected priorities – Priority research needs that are not adequately addressed by others.

Outcome – The likely or achieved short-term and medium-term effects of an activity's output. Outcomes are short- and medium-term changes derived from outputs. As the outcomes are also influenced by actions implemented by partners and external factors, they cannot be fully attributed to TDR and are not under the Programme's control.

Output – Products and services resulting from activities.

Partnership – Formalized relationship between TDR and one or more country, region, organization, institution, company or foundation around an activity or set of activities in which there are well-defined common objectives and shared benefits, where both TDR and the strategic partner make continuing contributions in one or more strategic area, such as technical expertise, financial contribution, technology or product.

Performance – The degree to which an activity, team or programme operates, according to specific standards and guidelines, aligns with the Programme's core values or achieves results in accordance with stated objectives and plans.

Performance indicator – Quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess performance.

Programme – Programme refers to the TDR Programme as a whole.

Result – The output, outcome or impact (intended or unintended, positive and/or negative) of a set of activities.

Results chain – Causal sequence of the expected results to achieve objectives and contribute to the broader impact. The TDR results chain reflects the causal sequence of the programme's expected results to achieve the Programme's objectives.

Review – An assessment of the performance of activities, team or Programme, periodically or on an ad hoc basis.

Stakeholder – Governments, agencies, organizations, institutions, groups or individuals who have a direct or indirect interest in TDR's activities or evaluation.

Sustainability – The continuation of benefits after major guidance and support have been completed.

Target – Targets provide a desirable level of achievement at a given time. Outcome targets allow for a span of a few years after the current strategy period.

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4. *Glossary of key terms in evaluation and results based management*. Paris, OECD Development Assistance Committee, 2002 (http://www.oecd.org/findDocument/0,2350,en_2649_34435_1_119678_1_1_1_00.html, accessed on 14 May 2013); *Standards for evaluation in the UN system*. New York, The United Nations Evaluation Group, updated in 2012 (http://www.uneval.org/normsandstandards/index.jsp?doc_cat_source_id=4, accessed on 14 May 2013); *Norms for evaluation in the UN System*. The United Nations Evaluation Group, 2005, updated in 2012 (http://www.uneval.org/normsandstandards/index.jsp?doc_cat_source_id=4, accessed on 14 May 2013).
 5. As per the World Bank classification (<http://data.worldbank.org/about/country-classifications/country-and-lending-groups>, accessed on 14 May 2013).
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 7. As per WHO statistics (http://www.who.int/gho/publications/world_health_statistics/EN_WHS2012_Full.pdf, accessed 14 May 2013).

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Annexes

Annex 1 – Engaging stakeholders in the Development of this framework

Annex 2 – Reporting

Annex 3 – TDR Monitoring and Evaluation Matrix

ANNEX 1 Engaging stakeholders in the development of this framework

The development of the initial TDR Performance Assessment Framework was conducted through a collective effort led by Drs Beatrice Halpaap and Fabio Zicker involving TDR staff and stakeholders. Internal and external consultations helped to develop ownership, capture the perspectives of various stakeholders and enhance harmonization with international practices.

A small internal working group representing TDR's strategic functions was established in order to assist in the development of an initial draft and subsequent revisions. This group was supported by four additional internal groups to help develop key performance indicators which are used to measure and reflect TDR's performance. The groups worked in consultation with the following stakeholders:

- WHO research programmes, including the Initiative for Vaccine Research, Research Policy and Cooperation Department; WHO Ethics, Equity, Trade and Human Rights Department; and the Special Programme of Research, Development and Research Training in Human Reproduction, co sponsored by UNDP, UNFPA, UNICEF, WHO and the International Bank for Reconstruction and Development.
- WHO regional offices for Africa, the Americas, the Eastern Mediterranean, Europe, South-East Asia and the Western Pacific.
- TDR co-sponsors' evaluation and/or policy offices: UNICEF, UNDP (Global Environment Facilities) and the World Bank.
- Research institutions including the International Centre for Medical Research (CIDEIM), Colombia; the Trypanosomiasis Research Center, Kenya; International Centre for Diarrhoeal Disease Research (ICDDR,B), Bangladesh; Fundação Oswaldo Cruz (FIOCRUZ), Brazil; and University of Dundee, UK.
- Research funding institutions and development agencies, including the Wellcome Trust, UK; Fogarty International Center, USA; National Research Foundation, South Africa; the Global Fund to Fight AIDS, Tuberculosis and Malaria,

Switzerland; International Development Research Centre, Canada; Academy for Educational Development, USA; Department for International Development, UK; and the Swedish International Development Cooperation Agency, Sweden.

- The Secretariat for the Global Strategy and Plan of Action for Innovation, Public Health and Intellectual Property.
- World Intellectual Property Organization.

An external advisory group with representation from research and training funding programmes, development agencies, research institutions in disease endemic countries and individual researchers, met in December 2009 to review the TDR Performance Assessment Framework and made recommendations to TDR's Director. The external advisory group was composed of the following individuals:

- *Dr Alejandro CRAVIOTO*, Executive Director, International Centre for Diarrhoeal Disease Research (ICDDR,B), Dhaka, Bangladesh.
- *Professor Alan FAIRLAMB*, Professor and Head, Division of Biological Chemistry and Drug Discovery, School of Life Sciences, Wellcome Trust Biocentre, University of Dundee, Dundee, UK.
- *Dr Linda KUPFER*, Acting Director Division of International Science Policy, Planning & Evaluation, NIH/Fogarty International Centre, Bethesda, USA.
- *Professor Mary Ann D LANSANG* (Chair), University of the Philippines, Manila, Philippines; seconded as Director, Knowledge Management Unit, Global Fund to Fight AIDS, Tuberculosis and Malaria, Geneva, Switzerland.
- *Ms Jo MULLIGAN*, Health Advisor, Department for International Development, London, UK
- *Dr Zenda OFIR* (Rapporteur), Evaluation Specialist, Johannesburg, South Africa.
- *Dr Claude PIRMEZ*, Vice-President of Research and Reference Laboratories, Fundação Oswaldo Cruz (FIOCRUZ), Rio de Janeiro, Brazil.

- *Dr Ana RABELLO*, Laboratory of Clinical Research, Leishmaniasis Reference Centre, Centro de Pesquisas René Rachou, Fundação Oswaldo Cruz (FIOCRUZ), Belo Horizonte, Brazil.
- *Dr Daisy SELEMATSELA*, Executive Director, Knowledge Management & Evaluation, National Research Foundation, Pretoria, South Africa.
- *Dr Val SNEWIN*, International Activities Manager, The Wellcome Trust, London, UK.
- *Dr David ZAKUS*, Senior Program Specialist, Governance Equity & Health Program, International Development Research Centre, Ottawa, Canada.

The PAF is revised regularly, taking into consideration specific donor requirements. This current revision led by Drs Michael Mihut and Béatrice Halpaap benefited from in-depth discussions and consultation with:

- *Claire Kairys*, Junior Professional Associate, Health, Nutrition, & Population, The World Bank.
- *Beth Scott*, Health Advisor, Human Development Team, Research & Evidence Division [RED], UK Department for International Development (DFID).

The final draft of the framework, developed with feedback from various consultations, was reviewed and endorsed by TDR's governing bodies.

ANNEX 2 Reporting

Types of report	Scope	Frequency	Target Audience
Quarterly team progress report	Each team presents: <ul style="list-style-type: none"> • progress on technical and financial implementation towards expected results; planned activities • follow-up on JCB and STAC recommendations • follow-up on significant risks action plans. 	Quarterly	TDR staff
Grant progress report (grants/contracts)	Progress towards the achievement of the grant/contract objectives (technical and financial). If relevant, specific plans and budget for upcoming years.	Annually or as required by grant agreements	Grant donors; TDR management; Related SAG, if relevant
Work area Annual Report	Annual consolidation of the Programme's progress towards the achievement of objectives in each work area.	Annually	STAC; resource contributors; stakeholders
TDR results report (Published on the TDR website)	Progress towards the achievement of expected results, application of TDR core values and efficiency in management. This report includes a description of performance using key performance indicators and related qualitative description.	Annually	TDR management; STAC; JCB; resource contributors; stakeholders
TDR annual report (Published on the TDR website)	Provides TDR contributors and stakeholders with an update on progress, strategic direction and planned activities.	Annually	TDR management; STAC; JCB; resource contributors; stakeholders
WHO Programme budget performance assessment report (Published on the WHO website)	Analysis of results achieved by the WHO secretariat, as measured against the expected results for the biennium reviewed, is provided by the WHO Planning, Resource Coordination and Performance Monitoring Department. The report is reviewed by the World Health Assembly.	Biennial, plus mid-term review	WHA
External Programme review report	Programme-wide review commissioned by JCB which also establishes the terms of reference of the review.	Every 5–7 years	JCB
WHO internal audit report	TDR's operational, administrative and financial procedures and practices are reviewed by a WHO internal auditor.	Ad hoc	WHO Director-General; WHA
TDR financial report	TDR's financial report and statement are certified by the WHO financial controller.	Annually	WHA, JCB

ANNEX 3. TDR monitoring and evaluation matrix

Expected results	Key performance indicators	Target (2017)	Source of data	Frequency of measurement
Technical expected results				
OUTCOME: Infectious disease knowledge, solutions and implementation strategies translated into policy and practice in disease endemic countries	1. Number and proportion of new/improved solutions, implementation strategies or innovative knowledge successfully applied in developing countries.	30 ≥ 75%	Publications, annual reports, interviews, surveys	Measured annually, cumulative over 6 years
	2. Number of tools and reports that have been used to inform policy and/or practice of global/regional stakeholders or major funding agencies.	7	Publications, annual reports, interviews, surveys	Measured annually, cumulative over 6 years
MAIN OUTPUT: New and improved solutions and implementation strategies that respond to health needs of disease endemic countries developed	3. Number and proportion of new/improved solutions, implementation strategies or innovative knowledge developed in response to requests from WHO control programmes and/or disease endemic countries.	35 ≥87%	Publications, annual reports, interviews, surveys	Measured annually, cumulative over 6 years
	4. Number of peer-reviewed publications supported by TDR and percentage published in open access journals.	≥150/year 100%	Bibliographic analysis	Measured annually
FEEDER OUTPUTS: High quality intervention and implementation research evidence produced	5. Number and evidence of new/improved tools, case-management, control or implementation strategies generated through TDR facilitation with systematic quality review by external committees.	40	Publications, annual reports, interviews, surveys	Measured annually, cumulative over 6 years
	6. Proportion of peer-reviewed publications supported by TDR with first author from DEC institutions.	≥70%	Bibliographic analysis	Measured annually

ANNEX 3 TDR monitoring and evaluation matrix

Expected results	Key performance indicators	Target (2017)	Source of data	Frequency of measurement
Enhanced research and knowledge transfer capacity within disease endemic countries	7. Number of DEC institutions and/or networks demonstrating expanded scope of activities and/or increased funding from alternative sources thanks to TDR support.	5	Publications, annual reports, interviews, surveys	Measured annually, cumulative over 6 years
	8. Number of TDR grantees/trainees and proportion demonstrating career progression and/or increased scientific productivity.	150 ≥80%	Database, interviews, surveys, social networks	Measured on cohorts 3-5 years after training ended
Key stakeholders in disease endemic countries engaged in setting the research agenda and ensuring research reflects their needs	9. Number and evidence of research-related agendas, recommendations and practices agreed by stakeholders at global, regional or country level.	9	Publications, annual reports, interviews, surveys	Measured annually, cumulative over 6 years
	10. Proportion of TDR outputs produced with key DEC stakeholder active involvement.	100%	Publications, annual reports, interviews, surveys	Measured annually
Application of core values				
Equity Social and economic:	11. Proportion of TDR grants/contracts awarded to institutions or individuals in DEC and low income countries (total count and total dollar amount).	75% DEC 40% LIC	WHO financial data, TDR database	Measured annually
	12. Proportion of experts from DEC on TDR advisory committees.	60%	WHO financial data, TDR database	Measured annually
Gender:	13. Proportion of women among grantees/contract recipients (total count and total amount).	50%	WHO financial data, TDR database	Measured annually
	14. Proportion of women on TDR advisory committees.	50%	WHO financial data, TDR database	Measured annually
	15. Proportion of women as first author of peer-reviewed publications supported by TDR (within a calendar year).	50%	Bibliographic analysis, TDR database	Measured annually

Effective partnerships	16. Resources leveraged as direct contributions (co-funding, services or in-kind) to TDR projects (examples).	tbd	Quarterly and annual reviews, project progress reports, interviews	Measured annually
Sustainability of outcomes	17. Number of effective public health tools and strategies developed which have been in use for at least two years.	67	Annual reports, publications	Measured annually, two years after adoption
Quality of work	18. Proportion of project final reports found satisfactory by peer- review committees.	>80%	Committee meeting minutes and recommendations	Measured annually
Management performance				
Effective resource mobilization	19. Percentage of approved biennial budget successfully funded.	≥100%	TDR JCB-approved budget, WHO financial data	Measured in the second year of each biennium
	20. Percentage of income received from multi-year agreements.	tbd	WHO financial data, TDR agreements	Measured in the second year of each biennium
Effective management	21. Percentage of staff workplans and performance reviews (including personal development plan) completed on time.	≥90%	ADG report	Measured annually
	22. Proportion of expected results on track.	≥80%	Quarterly and annual reviews, project progress reports, interviews	Measured annually
	23. Proportion of significant risk management action plans that are on track.	≥80%	Quarterly reviews, risk monitoring tool	Measured annually

This Framework is a key element in the implementation of TDR's 2012-2017 strategy. It has the following objectives:

- Promote continuous performance improvement through organizational review, learning and informed decision-making.
- Enhance accountability to stakeholders, including beneficiaries, partners and resource contributors.
- Ensure strategic relevance and coherence of TDR's activities to meet the aspirations expressed in the vision, mission and strategy.
- Ensure TDR's performance assessment is harmonized and consistent with international practices.



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TDR, the Special Programme for Research and Training in Tropical Diseases, is a global programme of scientific collaboration that helps facilitate, support and influence efforts to combat diseases of poverty. TDR is hosted at the World Health Organization (WHO), and is sponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and WHO.

